

C. STANDARD FORMS FOR ACQUISITION OF LEASED SPACE**SAMPLE FORMAT, ANNUAL FACILITIES STATEMENT**

Note: This sample also includes a Delegation request.

[Date]

David B. Perini, Commissioner
Division of Capital Asset Management
One Ashburton Place, 15th Floor
Boston, Massachusetts 02108

Re: Annual Facility Leasing Statement and Delegation Request

Dear Commissioner Perini:

The following statement, detailing expected leasing activity by the Department of Transitional Assistance during the next fourteen months, is submitted for your information and review. This plan is based upon the operational and infrastructure changes required by four initiatives that DTA is implementing. These initiatives are:

- BEACON (A financial assistance management information system)
- Consolidations of service areas
- Right-sizing
- One-stop shopping

The Department of Transitional Assistance is preparing for implementation of a financial assistance management information system (BEACON), which will significantly alter our current operating environment. **BEACON** is an on-line eligibility system which will change DTA's current mode of eligibility determination from a back-room approach; collecting significant amounts of paper verifications during a defined "application" period, to a process of up-front determination of eligibility for various programs and benefits. All interviews and determinations of eligibility will occur in the applicants' presence at employee workstations, using an on-line, interactive interview, with multiple matching capabilities.

In support of this system change, DTA has been preparing the physical infrastructure in which this system will operate. Integral to this infrastructure improvement is an upgrade of all DTA leased space. For example, since all interviews will occur at staff workstations rather than in separate interview rooms, the space configuration to support BEACON has dramatically changed from our current layout. Also, since workstations will be modular in design, making effective use of vertical storage space and doubling as interview areas, less total square footage is required per person.

Simultaneous to this change, DTA is **“right-sizing”** its operations to reflect a reduction in staff as well as a reduction of staff from the Division of Medical Assistance and the Department of Revenue/Child Support Enforcement who had occupied space at our local offices. The overall size of DTA facilities will be smaller where appropriate.

Multiple **consolidations** of offices have, and will continue to occur as DTA redefines its operational services, making visits to offices for routine services by clients less of a requirement. Upgrades in voice communication are allowing our clients to do more of their business by phone, and therefore negating the need for large waiting rooms to hold clients waiting to see staff on routine business.

A final initiative impacting DTA leasing activity during the next several months is a consolidation of state offices on Cape Cod. This consolidation will involve several other state agencies as well as the Regional Employment Board on Cape Cod. Chapter 5 of the MGL (2/95), directs DTA, DET, and MRC to work with the Regional Employment Board on a **one-stop shopping concept**, which calls for the physical co-locations of these agency’s with the R.E.B.

The following list is DTA’s current plan and schedule for space leasing/infrastructure improvements during the next fourteen months. This list includes our requests for delegated responsibility for the leasing process in certain projects. This requested delegation is to enter into new 5 year leases, each of which shall be less than 15,000 usable sf. All delegated projects will be managed by Mr. Robert Burgess, Director of Facilities and Operations with the legal consultation of Mr. Cushing Geisey from DTA Legal staff. Mr. Burgess has ~10 years of Commonwealth leasing experience. Mr. Geisey also has ~10 years of real estate leasing experience with both the Commonwealth and the private sector. Mr. Geisey is a licensed Massachusetts Attorney.

Project Title

1) **Springfield Service Area Facility:**

Current lease status:	95 Liberty St., Springfield 01130	Exp. Date: 5/97
	310 State St., Springfield 01105	Exp. Date: 5/97
Planned Activity:	Release RFP for ~38,000 sf servicing the city of Springfield to consolidate the two current sites	
Scheduled RFP release date:	5/96	
Planned lease start date:	5/97	
Request for delegation: (y/n):	No	

2) **Malden Service Area Facility:**

Current lease status :	200 Pleasant St., Malden 02148	Exp. Date: 5/97
	4 Federal St., Woburn 01801	Exp. Date: 5/97
Planned Activity:	Release RFP for ~16,000 sf servicing the present Malden and Woburn Service Areas consolidating the two current sites.	
Scheduled RFP release date:	5/96	
Planned lease start date:	5/97	
Request for delegation: (y/n):	Yes	

- 3) **Westfield Service Area Facility:**
Current lease status: 125 N. Elm St., Westfield 01806 Exp. Date: 5/97
Planned Activity: Release RFP for ~11,000 sf servicing the present Westfield Service Area.
Scheduled RFP release date: 5/96
Planned lease start date: 5/97
Request for delegation: (y/n): Yes
- 4) **Holyoke Service Area Facility:**
Current lease status: 72-100 Front St., Holyoke 01040 Exp. Date: 4/97
Planned Activity: Release RFP for ~25,000 sf servicing the Greater Holyoke and Chicopee areas.
Scheduled RFP release date: 5/96
Planned lease start date: 5/97
Request for delegation: (y/n): No
- 5) **Cape Cod Service Area Facilities:**
Current lease status: 460 West Main St., Barnstable 02601 Exp. Date: 6/97
155 Katherine Lee Bates, Falmouth 02540 Exp. Date: 6/97
One Baystate Court, Orleans 02653 Exp. Date: 6/97
Planned Activity: Release RFP for ~25,000 sf in conjunction with JTEC, DET, MRC to service the Cape Cod Area.
Scheduled RFP release date: 6/96
Planned lease start date: 6/97
Request for delegation: (y/n): No
- 6) **Northampton Service Area Facility:**
Current lease status: 15 Straw Ave., Northampton 01060 Exp. Date: 7/97
Planned Activity: Release RFP for ~8,900 sf servicing the present Northampton Service Area.
Scheduled RFP release date: 6/96
Planned lease start date: 6/97
Request for delegation: (y/n): Yes
- 7) **Quincy Service Area Facility:**
Current lease status: 1 Clivedon St., Quincy 02169 Exp. Date: 8/97
Planned Activity: Release RFP for ~15,000 sf servicing the present Quincy Service Area.
Scheduled RFP release date: 8/96
Planned lease start date: 8/97
Request for delegation: (y/n): Yes
- 8) **Taunton Service Area Facility:**
Current lease status: 21 Spring St., Taunton 02780 Exp. Date: 10/97
Planned Activity: Release RFP for ~14,000 sf servicing the Greater Taunton and Attleboro Areas which have been consolidated.
Scheduled RFP release date: 10/96
Planned lease start date: 10/97
Request for delegation: (y/n): Yes
- 9) **North Adams Service Area Facility:**
Current lease status: 37 Main St., North Adams 01247 Exp. Date: 7/97

Planned Activity:	Release RFP for ~7,000 sf servicing the present North Adams Service Area.
Scheduled RFP release date:	7/96
Planned lease start date:	7/97
Request for delegation: (y/n):	Yes

Please respond as soon as possible with any comment on any of these planned projects, including the requests for delegation. If co-location possibilities exist beyond what we have outlined, with other agencies who have similar missions, please let DTA know immediately.

Sincerely,

[Agency Head], Commissioner

cc: Director, OLSOP

**REAL PROPERTY LEASING; FORMS AND INSTRUCTIONS TO ASSIST IN THE
ACQUISITION OF LEASED SPACE: APL**

Delegation of Authority Has Been Suspended

**At this time, Pages 4-68 to 4-70 (Including APL Forms &
Instructions) have been deleted**

**REAL PROPERTY LEASING; FORMS AND INSTRUCTIONS TO ASSIST IN
THE ACQUISITION OF LEASED SPACE: DPL**

LEASING AND STATE OFFICE PLANNING
FORMS AND INSTRUCTIONS
TO ASSIST IN THE ACQUISITION OF LEASED SPACE
DCAM-PROCURED LEASE

Prepared and Issued by:
Office of Leasing and State Office Planning
Division of Capital Asset Management

Instructions for the Facility Plan Form 1

Introduction

The Facility Plan Form 1 and associated Worksheets (Facility Plan) provide a tool for the User Agency and DCAM to collect information needed to acquire leased space, or amend an existing lease. The information in these forms enables DCAM to understand the User Agency's plans and prepare a Request for Proposals (RFP), lease amendment or tenancy agreement, or to take other appropriate action. To initiate preparation of these forms, the User Agency and DCAM will complete a site visit to the User Agency's existing facility or, if there is no existing facility, the User Agency will discuss the need with DCAM. The User Agency will then complete the Facility Plan and submit it to DCAM.

For a New Lease: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D.

For a Lease Amendment: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D. For a lease amendment that extends the term of the lease for up to 2 years, where the User Agency does not seek to alter the premises, completion of the Form 1 is generally sufficient.

For a Tenancy Agreement: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D. For a tenancy agreement for up to one year for existing premises, where the User Agency does not seek to alter the premises, completion of the Form 1 is generally sufficient.

Instructions

At the top of the form, check the appropriate box to identify whether this Facility Plan is for a new lease, lease amendment, or tenancy. For each page to be submitted, fill in the three lines of requested information: USER AGENCY NAME, ESTIMATED SF, NAME OF OFFICE/FACILITY, LOCATION OR SEARCH AREA. Use the TOTAL USABLE AREA calculation from Worksheet 1D for the ESTIMATED SF.

1. SUMMARY OF LEASE

Check the appropriate agreement type and enter the date on which the agreement is scheduled to begin, the length of the desired term, and the scheduled end date. Check the appropriate box to indicate whether this Plan achieves a co-location or consolidation of offices.

Proposed Agreement: Check the applicable listed category or check "other" and identify the type of proposed agreement.

Type of Space: Check the primary use of the requested space. See definitions below or check "other" and identify the type of space.

Explain reasons for proposed action.

2. TERMS OF CURRENT AND PROPOSED AGREEMENT

Current Address: Enter the current address of the office or facility for which space is needed.

Expiration Date of Agreement: Enter the date on which any current agreement will expire.

Number of Years in this Location: Identify the number of years that the office or facility has been continuously located at this address.

Comments on Current Premises, Building, and Landlord's Services: Attach a separate sheet to provide all appropriate information relating to the User Agency's satisfaction or dissatisfaction with the current premises, building, and services.

Accessibility of Premises and Building under MAAB and ADA: For existing premises, check the appropriate box to identify whether the premises and building are accessible, in accordance with the Massachusetts Architectural Access Board Regulations (MAAB) and the Americans with Disabilities Act (ADA). Attach a separate sheet to provide all appropriate information relating to this matter.

Enter the following information about the terms of the current and proposed agreement.

Number of FTE Staff: Number of full-time equivalent staff assigned to / projected for the office or facility.

SF: The usable SF occupied / projected under the agreement. For projected SF, use the TOTAL USABLE AREA from Worksheet 1D.

SF / FTE: Calculate this figure by dividing SF by FTE staff.

Rental Rate: Enter the rate per SF (annual rent divided by the SF). For the proposed agreement, you may wish to discuss the projected annual rent and rental rate with your DCAM project manager.

Annual Rent: The rent due for the last year of the current agreement and the projected rent for the proposed agreement (the SF multiplied by the Rental Rate).

Other Occupancy Costs: If other occupancy costs are paid or are projected to be paid separately or in addition to the Annual Rent, check the appropriate category and enter the actual amount paid over the last twelve months or the projected amount for twelve months; check "other" for any cost not listed on the form and identify the category of cost.

Total Occupancy Costs / Year: Add the Annual Rent and all Other Occupancy Costs.

Total Occupancy Cost / SF: Divide the Total Occupancy Costs by SF.

3. COST / BUDGET PROJECTIONS

Funding for the Agreement: Enter the amount budgeted / requested for the agreement, identify whether funding is from a state appropriation or other source, and whether funding is included in the budget for the current fiscal year and/or the next fiscal year.

4. APPROVAL

The form should be signed and dated by an authorized User Agency signatory. Below the signature, enter the person's name and title. For Agency Contact, enter the name and telephone number of the person who prepared the form and who may be contacted to discuss the project.

Instructions for Worksheets 1A, 1B, and 1C are in the forms. Worksheet 1D and instructions are in a separate Excel format document.

DEFINITIONS: TYPE OF SPACE Types of Space commonly cited include the following. Identify other categories, if necessary.

Administrative Office: Office that administers the operations and functions performed by the User Agency but does not directly provide services.

Client / Customer Service Office: Office providing direct services to clients or customers.

Field Office: Office responsible for inspections or other field operations.

Storage: Space used primarily or exclusively for storage of records, materials, supplies, or equipment.

Garage: Space used primarily for the storage, repair, and maintenance of motor vehicles or other movable heavy equipment. This does not include parking as defined below.

Parking: Improved land and parking structures used exclusively for parking motor vehicles.

Other: Examples of other types of space that may be leased include:

Courthouse: Space used for or directly in support of courtroom proceedings.

Education: Space used primarily for education or training.

Residential: Space used to provide living quarters for individuals, including dormitories, group homes and other residential facilities for individuals, secure residential facilities, and halfway houses.

Computer: Space used for computer equipment and operations requiring special build-out and systems, and for staff whose primary responsibility is operating and maintaining such equipment.

Laboratory: Space used for chemical, biological, or electronic testing or experimentation.

Warehouse: Space used for vertical and horizontal storage of items and materials that typically require special floor loading capacity of 250 pounds per SF live load and ceiling heights of at least 14 feet; the space may require access to a loading dock. Materials are typically stored on pallets or special racking systems.

FACILITY PLAN

1

☐ New Lease ☐ Lease Amendment ☐ Tenancy

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____ **ESTIMATED SF:** _____

NAME OF OFFICE/FACILITY: _____

LOCATION OR SEARCH AREA: _____

1. SUMMARY OF LEASE

The User Agency named above proposes a ☐ new lease / ☐ lease amendment / ☐ tenancy agreement (check one) beginning _____ (date) for a period of _____ (number of months or years) and ending _____ (date).

Co-Location: ☐ Yes ☐ No Consolidation: ☐ Yes ☐ No

PROPOSED AGREEMENT:

TYPE OF SPACE:

☐ New Lease for New Office or Facility

Administrative Office

Other: _____

☐ New Lease for Existing Facility

Client/ Customer Service Office

☐ Amendment to Extend Lease

Field Office

☐ Amendment for Change in Requirements

Storage

☐ Tenancy Agreement

Garage

☐ Other: _____

Parking

Explain reasons for proposed action (attach additional sheet if necessary): _____

2. TERMS OF CURRENT AND PROPOSED AGREEMENT

Current Address: _____

Expiration Date of Agreement: _____

Number of Years in this Location: _____

Do the current premises, building and Landlord's Services meet the User Agency's needs? ☐ Yes ☐ No Attach a sheet of explanation.

For a lease amendment/tenancy: Are the program, premises, building and location accessible to the handicapped in accordance with the Massachusetts Architectural Access Board Regulations and the Americans with Disabilities Act? ☐ Yes ☐ No Attach a sheet of explanation.

CURRENT AGREEMENT:

PROPOSED AGREEMENT:

Number of FTE Staff: _____

Number of FTE Staff: _____

SF: _____

SF: _____

SF/FTE _____

SF/FTE _____

Rental Rate (\$/sf): \$ _____

Rental Rate (\$/sf): \$ _____

Annual Rent: \$ _____

Annual Rent: \$ _____

Other Occupancy Costs: _____

Other Occupancy Costs: _____

☐ Electricity \$ _____

Electricity \$ _____

☐ HVAC \$ _____

HVAC \$ _____

☐ Janitorial \$ _____

Janitorial \$ _____

☐ Tax/Operating Escalators: \$ _____

Tax/Operating Escalators: \$ _____

☐ Other: _____ \$ _____

Other: _____ \$ _____

Total Occupancy Costs/Year \$ _____

Total Occupancy Costs/Year \$ _____

Total Occupancy Cost/SF \$ _____

Total Occupancy Cost/SF \$ _____

3. COST/BUDGET PROJECTIONS

Funding in User Agency budget for this agreement: \$ _____

State Appropriation ☐

Other Source

Current FY ☐

Next FY

4. APPROVAL

USER AGENCY

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____

Agency Contact: _____

Telephone #: _____

DCAM

Authorized Signature: _____

Title: _____

Date: _____

PROGRAM WORKSHEET: LOCATION

1A

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____	ESTIMATED SF: _____								
NAME OF OFFICE/FACILITY: _____									
LOCATION OR SEARCH AREA: _____									
1. MISSION, FUNCTIONS, AND ACTIVITIES									
Identify and describe the mission of the office or facility, the functions and activities performed there, and the hours of operation. _____ 									
2. LOCATION									
Catchment/Service Area: List the cities and towns included in the catchment or service area of the office, and identify the areas or towns of greatest concentration. _____ 									
Requested Search Area: List the cities and towns that the User Agency recommends be included in the search area for the RFP, and explain how this list was developed. _____ 									
Other Location Criteria: Describe the means of transportation used by staff, clients, customers, and other visitors to reach the office or facility. Identify any transit line, transit stop, or highway for which the office needs good access. Identify any other User Agency or facility for which the office needs good access and explain why. _____ 									
3. PARKING									
Identify the current and requested number of spaces for reserved, public, and accessible parking. Refer to the definitions below. <table style="width: 100%; border: none;"><tr><td style="width: 25%;">Current:</td><td style="width: 25%;">Reserved: _____</td><td style="width: 25%;">Public: _____</td><td style="width: 25%;">Accessible: _____</td></tr><tr><td>Requested:</td><td>Reserved: _____</td><td>Public: _____</td><td>Accessible: _____</td></tr></table> <p><u>Reserved Parking:</u> Parking spaces rented by the Commonwealth and reserved for the User Agency, primarily for authorized state vehicles. If possible, parking spaces should be provided by the Landlord and the cost included in the rent. Reserved parking must accommodate overnight and weekend parking, and have unlimited entry and exit privileges.</p> <p><u>Public Parking:</u> Parking spaces readily available for use by User Agency staff, clients, and the general public at their own cost. This may include on-street parking and spaces in public parking lots or garages.</p> <p><u>Accessible Parking for the Disabled:</u> Parking spaces complying with all state and federal regulations, including those of the Massachusetts Architectural Access Board (MAAB) and Americans with Disabilities Act Access Guide for Title II (ADA).</p>		Current:	Reserved: _____	Public: _____	Accessible: _____	Requested:	Reserved: _____	Public: _____	Accessible: _____
Current:	Reserved: _____	Public: _____	Accessible: _____						
Requested:	Reserved: _____	Public: _____	Accessible: _____						

PROGRAM WORKSHEET: PLANNING ISSUES

1B

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____	ESTIMATED SF: _____
NAME OF OFFICE/FACILITY: _____	
LOCATION OR SEARCH AREA: _____	
<p>Provide information on the identified topics to further describe the needs of the office or facility. Provide additional, relevant information on topics not identified below. This information is to supplement and support the information in the Program Worksheets.</p> <p><u>Personnel:</u> Identify work groups or units that work together or should be located next to each other.</p> <p>_____</p> <p><u>Support Areas:</u> Describe needs related to active and inactive records storage, general storage, copy/mail areas, staff support area, and other special purpose areas, giving an estimate of usage or volume (i.e., number of files, volume of incoming and outgoing mail, type and frequency of deliveries, etc.). Identify any special requirements relating to storage of supplies.</p> <p>_____</p> <p><u>Furniture and Equipment:</u> Describe the equipment in the office or facility and identify any special demands that will be placed on the building systems by equipment (copiers, computers, etc.).</p> <p>Identify any heavy items or equipment to be accommodated in the office or facility (including large numbers of files or bookshelves concentrated in one area) that may require special floor load capacity, and identify the required floor load. Identify any special requirements relating to storage of equipment. Identify agency plans to purchase furniture and equipment associated with this office or facility.</p> <p>_____</p> <p><u>Meeting Areas:</u> Describe the kinds of meetings, hearings, or trainings that are held regularly in the office, the number of people attending, the frequency of these activities, and the duration of typical sessions.</p> <p>_____</p> <p><u>Entry Areas:</u> Identify planning issues relating to the entry and reception area, including the nature and volume of daily visitor traffic. (For example, how many clients and/or visitors come to the office in a day and how is their arrival distributed during the day? Do visitors sit, stand, or wait in line? Do visitors come into the premises for meetings or are their needs addressed at the entry area?)</p> <p>_____</p> <p><u>Building Conditions:</u> Identify building conditions that are required or preferred. Identify issues relating to deliveries (loading dock, dedicated off-street delivery area, freight elevator, e.g.), building common areas, building systems (24-hour cooling, e.g.), floor load capacity, tenant compatibility, preferred location within the building, if any (group-floor premises for high-traffic client service, e.g.), and any other relevant matters.</p> <p>_____</p>	

PROGRAM WORKSHEET: SPECIFICATIONS

1C

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____

ESTIMATED SF: _____

NAME OF OFFICE/FACILITY: _____

LOCATION OR SEARCH AREA: _____

For a new lease, provide information about the Specifications section B of the RFP.

Do the specifications in the form RFP for Landlord's Services meet the User Agency's needs? Yes ☐ No

Do the specifications in the form RFP for Landlord's Improvements meet the User Agency's needs? Yes ☒ No

If relevant, for a lease amendment, provide information about requested amendments to the existing Lease and Exhibits.

Provide information about any requested revisions or additions to the specifications. Check all categories listed below and identify additional categories, as necessary. Explain requested revisions and submit technical exhibits that may be included in the RFP or Lease amendment.

LANDLORD'S SERVICES

- ☐ Utilities and Hours of Operation
☐ Building Security and Access
Voice and Data Cabling
Maintenance, Building and Grounds
Janitorial Services

LANDLORD'S IMPROVEMENTS

- Security System
Client and Customer Activity
Oversized or Heavy Equipment
Storage of Records, Supplies, Books
MDF and IDF

DESCRIBE NEEDS (Attach additional pages, if necessary):

Instructions for the Program Worksheet: Staff Areas Form 1D page 1

When completed, this worksheet provides information to determine the required square footage (SF) for an office or facility. The worksheet is in two parts: Staff Areas and Other Office Areas. Please use the instructions that follow to complete both pages of the worksheet. For large offices or facilities, prepare separate program worksheets for each workgroup or unit. To assist DCAM in understanding this information, please attach an organization chart for the office or facility and a list of all current positions. For additional help, refer to the Leasing Manual or contact your DCAM project manager.

Program Worksheet: Staff Areas

PERSONNEL CATEGORIES / AGENCY JOB TITLES

Use this column to identify your User Agency's job titles for all staff who will work out of the office or facility, assigning them to the appropriate personnel categories listed. Refer to the description of the Personnel Categories below.

Personnel Categories

Agency Head: Secretary, Commissioner, or other Agency Head

Senior Manager: Administrator reporting to an Agency Head, head of a small agency, director of a large office within an agency

Manager: Deputy Director of a large office or Director of a small office, unit manager, business manager, or personnel manager

Senior Professional: Senior/supervisory professional staff

Professional: Engineers, planners, social workers, analysts, project coordinators, etc.

Support Staff: Administrative support staff, including administrative assistants, receptionists, paralegals, clerks, etc.

Work Area: Workstation for visiting staff, interns, etc.

SF ALLOCATION

This column identifies the DCAM standards for allocation of space by personnel category.

NUMBER OF STAFF

In this column, enter the number of full-time equivalent (FTE) staff who hold each agency job title.

TOTAL SF

In this column, enter the total square feet to be associated with each agency job title, by multiplying the SF Allocation by the Number of Staff.

If you are preparing a downloaded form, the Total SF will be calculated automatically.

ROOM / AREA

Using the Room/Area Codes listed below, enter the appropriate codes for each agency job title. Using the equipment codes on page 2 as appropriate, identify any furniture or equipment planned to be located within the office or workarea.

If a staff person is to sit in a room or area listed in Other Office Areas on page 2 of the worksheet, enter a code of "G" and identify the office area where this person will sit (e.g., a receptionist in the entry area or technical staff in the Main Distribution Frame [MDF] room).

TOTAL STAFF; USABLE AREA, STAFF

At the bottom of the page, enter the total number of staff (Total Staff) and total SF (Usable Area, Staff). If you are preparing a downloaded form, the subtotals will be calculated automatically.

Next: Click on "Form 1D Pg 2" tab for PROGRAM WORKSHEET: OTHER OFFICE AREAS.

ROOM / AREA: ADDITIONAL INFORMATION

F = Office or room with full-height partitions

L = Low-partitioned area or cubicle

P = Panel supplied and installed by Agency

O = Open area without partitions

G = Shared office or room with other support functions

S = Shared office

CPT = Carpet

RSF = Resilient sheet flooring

VP = Door with vision panel

Lock = Door with lock

SL = Door with sidelight

PROGRAM WORKSHEET: STAFF AREAS

1D

Page 1 of 2

For DCAM use:	
Project #:	_____
Facility Code:	_____
Project Manager:	_____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x 800

USER AGENCY NAME:		ESTIMATED SF:		
NAME OF OFFICE/FACILITY:				
LOCATION OF SEARCH AREA:				
PERSONNEL CATEGORIES / AGENCY JOB TITLES	SF ALLOCATION	# STAFF	TOTAL SF	ROOM / AREA
AGENCY HEAD	220		0	
			0	
SENIOR MANAGER	150		0	
	150		0	
	150		0	
	150		0	
MANAGER	100		0	
	100		0	
	100		0	
	100		0	
	100		0	
	100		0	
SENIOR PROFESSIONAL			0	
Systems Furniture	63		0	
	63		0	
	63		0	
	63		0	
Conventional Furniture	77		0	
	77		0	
	77		0	
	77		0	
PROFESSIONAL			0	
Systems Furniture	42		0	
	42		0	
	42		0	
	42		0	
Conventional Furniture	56		0	
	56		0	
	56		0	
	56		0	
	56		0	
SUPPORT STAFF			0	
Systems Furniture	42		0	
	42		0	
Conventional Furniture	56		0	
	56		0	
WORK AREA			0	
Systems Furniture	36		0	
Conventional Furniture	46		0	
TOTAL STAFF		0.00		
USABLE AREA, STAFF			0	

Instructions for the Agency Recommendation Form 2

After the Form 2A Proposal Evaluations have been completed jointly by the User Agency and DCAM, complete and submit a Form 2 to DCAM recommending 1) selection of a specific lease proposal, 2) selection of a proposal to lease public space without advertising, or 3) the rejection of all proposals received.

User Agency Name: The agency submitting the request.

Requested SF: The usable area identified in the RFP (or Form 1 if no RFP was issued).

Name of Office/Facility: Identify by name the activity to be housed at the premises.

Search Area: The location identified in the RFP (or Form 1 if no RFP was issued).

1. RECOMMENDATION

Check the appropriate box to indicate whether the agency is recommending the selection of a proposal, selection of public space, or rejection of all proposals received. Fill in the proposal number. If the recommendation is to reject all proposals received, attach a letter of explanation including the reasons for the recommendation and proposed next steps.

Evidence of statutorily required advertisement in local newspaper(s) should be submitted to DCAM before the proposed submission deadline. DCAM cannot proceed with a selection decision without such evidence of compliance with this statutory requirement.

Address of Recommended Premises: Enter the street address and town of the recommended premises.

Name of Proposer: Enter the name of the proposer of the proposal recommended for selection.

Name of Landlord: Enter the name of the individual or entity that is the Landlord for the recommended property.

Type of Agreement: Check "Lease" or check "Other" and identify the type of agreement.

Projected Occupancy Date: Enter the projected occupancy date.

Term of Lease: Enter the number of years and months of the proposed lease term.

Usable Area: Enter the confirmed usable square footage (USF) of the recommended premises from the DCAM Proposal Cost Analysis.

2. COST

Refer to the DCAM Proposal Cost Analysis to complete this section.

Annual Rent: Enter the proposed annual rent for each year of the lease term of the proposal recommended for selection. If you are completing a downloaded form, imbedded formulas will calculate the rate per square foot and the average annual rent. Otherwise, calculate and enter the rate per square foot (annual rent divided by usable area) and average annual rent (total annual rent divided by # of years of rent).

Excluded Costs: Enter the estimated Year 1 dollar amount for all costs that are excluded from the proposed rent and that will be paid separately by the User Agency. Fill in the total dollar amount of Year 1 excluded costs. If completing a downloaded form, the total amount will be calculated automatically.

Total Occupancy Cost: Enter the total occupancy cost for each year of the lease. This is the annual rent plus the total estimate of excluded costs. Enter the total occupancy cost/SF for each year of the lease. If completing a downloaded form, imbedded formulas will calculate the Year 1 total occupancy cost and cost/SF. If there are costs excluded from the rent, use information on excluded costs from the DCAM project manager to complete the total occupancy cost and cost per SF for Year 2 and beyond. Calculate and enter the average annual cost.

Project Manager Signatures: The project managers for the User Agency and DCAM sign this form to confirm their agreement with the information contained in the attached Proposal Evaluations and this Agency Recommendation Form 2.

3. APPROVALS

To submit the Form 2 to DCAM for approval, an authorized signatory for the User Agency signs the form. Please include the person's title and date that the form is signed. Please also include any relevant comments in the space identified.

An authorized signatory for DCAM signs the form to confirm agreement with the User Agency recommendation.

AGENCY RECOMMENDATION

2

For DCAM Use:	
Project #:	_____
Facility Code:	_____
Project Manager:	_____

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USER AGENCY NAME:	REQUESTED SF:
NAME OF OFFICE/FACILITY:	
SEARCH AREA:	

1. RECOMMENDATION

☐ Select Lease Proposal Proposal No.: _____ ☐ Select Public Space for Lease ☐ Reject All Proposals

(If this box is checked, attach a letter of explanation.)

☐ Evidence of advertisement in local newspaper(s), if applicable, has been provided

Address of Recommended Premises: _____

Name of Proposer: _____

Name of Landlord: _____

Type of Agreement: _____ Projected Occupancy Date: _____

☐ Lease

☐ Other: _____ Usable Area: _____ 1 _____

Term of Lease: _____ years

_____ months

2. COST

ANNUAL RENT			ESTIMATE OF EXCLUDED COSTS		TOTAL OCCUPANCY COST		
Year	Annual Rent	Rate/SF	Item	Yr 1 Cost	Year	Annual Cost	Cost/SF
1		\$0.00	Janitorial Services	\$0.00	1	\$0.00	\$0.00
2		\$0.00	Lights & Plugs		2		\$0.00
3		\$0.00	HVAC		3		\$0.00
4		\$0.00	Parking		4		\$0.00
5		\$0.00	Other: _____		5		\$0.00
Average Annual Rent:		\$0.00	Other: _____		Average Annual Cost:		
			Total:	\$0.00			

Agency Project Manager _____ Date _____ DCAM Project Manager _____ Date _____

3. APPROVALS

AGENCY Comments: Authorized Signature _____ Date _____ Title _____	DCAM Comments: Authorized Signature _____ Date _____ Title _____
--	--

Instructions for the Transaction Approval Form 3

The Form 3 provides key information about the agreement and its financial terms, confirms DCAM approval of a lease or other rental agreement, and confirms commencement of the lease term.

At the top left-hand side of the form, check the appropriate box to identify whether the Transaction Approval is for a new lease, lease amendment, tenancy, authorization to pay rent without a written agreement, or other type of agreement.

Fill in the requested information starting with "User Agency Name." If you are filling this in on computer, some information will be calculated for you.

User Agency Name: The User Agency submitting the form.

Name of Office/Facility: Identify by name the activity to be housed at the premises.

Address & Zip Code: The street address, city or town, and zip code of the building as stated in the lease or other rental agreement.

SF: The SF for office or other type of space, as identified in the lease; there is room on the form for two entries, if necessary, to calculate total SF.

Staff: The number of full time equivalent (FTE) staff that will occupy the premises.

SF/FTE: This number is computed by dividing the total SF by the number of full-time equivalent staff.

Reserved Parking: The number of *reserved* parking spaces as stated in the lease.

1. SUMMARY OF AGREEMENT

Term: Enter the projected or actual begin and end dates for the term of this agreement. Identify the number of years and months in the term. For an amendment that does not extend an existing agreement, the begin date is the date the amendment is expected to commence and the end date is the end date of the existing agreement.

Type of Space: Check the appropriate box to identify whether the owner of the space is a public or private entity.

Landlord: The name and mailing address of the landlord as stated in the agreement, the name and telephone number of the contact person, and the landlord's vendor code number, if known.

Base Rent; Rent Period, Rent: Identify the projected or actual begin date and end date for each year of the agreement. Using the lease or other agreement, enter the annual rent for each year or partial year of the agreement. Enter the rate/SF, Monthly Rent, and the Averages over the term of the agreement. Enter rent information for this agreement only. Attach a separate page, if necessary, to identify the rent over the entire period of the agreement.

Rental Account(s): Identify the account number(s) and type of account(s) from which the rent and other identified costs will be paid.

Costs Not Included in Base Rent: Identify or estimate the annual dollar amount in Year 1 for any costs that are not included in the base rent. This may include costs paid to the landlord or another party. Use the listed categories as a guide. Place the annual amount in the landlord column if the separate payments will be made to the landlord, and in the "other" column if the separate payments will be made to someone other than the landlord (e.g., the utility company). Use "Escalation" for payment of increases in expenses (e.g., taxes or operating expenses) over a base year. Using the space provided, identify the escalation, one-time payment, or other excluded cost. If you are completing this form on computer, the total cost for each column will be calculated. If you are completing the form by hand, fill in the Estimated Cost (Year 1) for each column.

Estimated Yr. 1 Total Occupancy Cost: Add the annual rent for Year 1 and all costs not included in Base Rent. If you are completing this form on computer, the Cost will be calculated. If you are completing the form by hand, please enter this information.

Estimated Yr. 1 Cost/SF: Divide the Estimated Total Occupancy Cost (Year 1) by the SF identified above. If you are completing this form on computer, the Cost/SF will be calculated. If you are completing the form by hand, please enter this information.

2. APPROVALS

Approvals & Submission to DCAM: To submit the Form 3 to DCAM for approval of a lease or rental agreement, have the completed form signed and dated by an authorized signatory for the User Agency. Enter the title of the signatory and the name and telephone number of the User Agency contact person.

3. CONFIRMATION OF OCCUPANCY/COMMENCEMENT OF LEASE TERM

If the occupancy date under the lease is determined at the time that this form is submitted to DCAM (e.g., for amendments or extensions where no additional buildout is required), complete this Confirmation of Occupancy section and have it signed by an authorized signatory before submitting the form for DCAM approval. Enter the actual date of occupancy, the date on which the agreement will terminate, and the actual rent to be paid under the agreement for each fiscal year.

In all other cases, the Confirmation of Occupancy section should not be completed until all required buildout has been finished and the User Agency has taken occupancy of the space. A copy of the Form 3 will be returned to you after DCAM has approved the lease or rental agreement. Retain this form; when the User Agency has taken occupancy, complete the Confirmation of Occupancy section, have it signed by an authorized signatory, and return it promptly to DCAM.

Enter the actual date of occupancy, the date on which the lease is due to terminate, and the actual rent for each fiscal year. Attach copies of Certificate of Completion, Certificate of Occupancy, Engineer Certificate, and Certificates of Insurance, if not previously submitted to DCAM.

TRANSACTION APPROVAL

3

☐ New Lease
☐ Tenancy
☐ Other: _____

☐ Lease Amendment #
☐ Authorization to Pay Rent without
Written Agreement

For DCAM use:

DCAM Project No: _____
Facility Code: _____
DCAM Project Manager: _____

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USER AGENCY NAME:			NAME OF OFFICE/FACILITY:		
ADDRESS:			ZIP CODE:		
SF:	1	0	1	STAFF [FTE]:	1
SF/FTE:		1		RESERVED PKG:	

1. SUMMARY OF AGREEMENT

TERM: Beginning _____ (date) for a period of _____ (number of years and months)
and ending _____ (date).

TYPE OF SPACE: Public ☐ Private ☐

LANDLORD

Name: _____

Mailing Address: _____

Contact Person: _____ Telephone #: _____

Vendor Code # (if known): _____

COSTS NOT INCLUDED IN BASE RENT:

Estimated Year 1 Cost:	Paid to:	
	Landlord	Other
Electricity [Lights & Plugs]	_____	_____
HVAC	_____	_____
Parking	_____	_____
Janitorial	_____	_____
Escalation:	_____	_____
One-time	_____	_____
payment:	_____	_____
Other:	_____	_____
TOTAL	\$0.00	\$0.00
Estimated Yr. 1 Total Occupancy Cost:		\$0.00
Estimated Yr. 1 Cost/SF:		\$0.00

BASE RENT for This Agreement

SF: 1

RENT PERIOD			RENT		
Year	Begin Date	End Date	Rate/SF	Annual Rent	Monthly Rent
1					
2					
3					
4					
5					
Average:					

RENTAL [] State [] Federal [] Trust Fund # _____

ACCOUNT(S): [] State [] Federal [] Trust Fund # _____

2. APPROVALS

USER AGENCY Sufficient funds are included or have been requested in the budget to cover the cost of this agreement.	DCAM
Authorized Signature _____ Date _____	Authorized Signature _____ Date _____
Title _____	Commissioner _____ Title _____
User Agency Contact Name _____ Telephone # _____	DCAM Project Manager _____ Date _____

3. CONFIRMATION OF OCCUPANCY / COMMENCEMENT OF LEASE TERM

USER AGENCY	Annual Cost Fiscal Year by Fiscal Year	DCAM
Commencement		
Date of Lease: _____		Reviewed by: _____
Expiration		Date: _____
Date of Lease: _____		

User Agency has obtained a copy of the Certificate of Completion, Certificate of Occupancy, Engineer Certification, and Certificates of Insurance. (Attach if not previously submitted.)

Authorized Signature: _____ Date: _____

Instructions for the Termination of Agreement Form 4

User Agency: The User Agency submitting the form.

Location of Property: The town or city in which the space to be occupied under the lease or rental agreement is located.

Name of Office/Facility: The specific division, office, or section of the User Agency for which space is being leased or rented (e.g., Fitchburg Area Office, Boston Regional Office). If more than one, give all that apply.

SF: The total square footage occupied under the lease or rental agreement.

Terminated/Expired Agreement: Provide the following information for the terminated or expired agreement:

- a. **Address of Property:** Enter the street address, city or town, and zip code.
- b. **Term:** Enter the occupancy date under the agreement and the ending date under the agreement.
- c. **Type of Agreement:** Indicate with a check mark which category applies.

New Location(s): Indicate the location(s) where the staff for this office have been relocated, and provide the full address of each new location. "Same Space" should be checked when the User Agency will continue to occupy the same space under a new agreement. "State Space" should be checked whenever the User Agency will be occupying space in a state-owned building, including cases where rent will be paid under an interagency agreement. "Other Leased Space" should be checked when the User Agency will occupy new space in a privately-owned building or in a building owned by a public entity distinct from the Commonwealth (i.e., municipalities, counties, state authorities, etc.). "None" should be checked only when the office has been closed or consolidated into another existing office.

Notification of Termination or Expiration: Enter the final date space was occupied under the terminated agreement and give the reason for termination (e.g., moved to new location). Please discuss all early termination of leases or tenancy agreements with your DCAM Project Manager before submitting this form or notifying the landlord. Enter the name, title and telephone number of the person who prepared the form and who may be called with any questions. The form should then be signed by the authorized User Agency Signatory and a copy submitted to DCAM.

TERMINATION OF AGREEMENT

4

For DCAM use:

Project #: _____

Facility Code: _____

Project Manager: _____

DCAM / Office of Leasing and State Office Planning 617-727-8000 x800

USER AGENCY NAME: _____		LOCATION OF PROPERTY: _____	
NAME OF OFFICE/FACILITY: _____		SF: _____	
TERMINATED/EXPIRED AGREEMENT			
a. Address No. & Street: _____ City/Town: _____ Zip: _____			
b. Term Begin Date: _____ End Date: _____		c. Type of Agreement <input type="checkbox"/> Lease <input type="checkbox"/> Tenancy <input type="checkbox"/> Other _____	
NEW LOCATION(S) <input type="checkbox"/> Same Space <input type="checkbox"/> State Space <input type="checkbox"/> Other Leased Space <input type="checkbox"/> None			
No. & Street: _____ City/Town: _____ Zip: _____ No. & Street: _____ City/Town: _____ Zip: _____			
NOTIFICATION OF TERMINATION OR EXPIRATION			
The User Agency vacated space under the above-referenced agreement effective _____. The agreement terminated effective _____. Comments: _____			
User Agency Contact: _____ Title: _____ Telephone: _____ Authorized Signature: _____ Title: _____ Date: _____		DCAM Reviewed by: _____ Date: _____	